



German New Medicine®

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The Five Biological Laws of the New Medicine

presented by Dr. med. Ryke Geerd Hamer

at the

**First International Congress on
Complementary and Alternative Medical Cancer Treatment**

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Introduction

Dear Friends, Esteemed Colleagues:

It is a great honor for me to present you with the greatest gift the Gods have ever given to mankind. I am the president of this congress, but at the moment detained in a French prison because of the “instigation to practice the German New Medicine”. These are the words used in the official charges and the verdict. After 8 ½ months in custody a detention review hearing will finally take place, one day after my 70th birthday.

Back in 1986 my approbation was revoked, because of my “refusal to renounce the iron law of cancer and my non-conversion to traditional medicine”.

For 24 years now I have been chased, threatened, prosecuted and thrown into jail twice, although I have done nothing wrong – except to rediscover this wonderful New Medicine with its 5 Biological Laws of Nature, a medicine that has always existed and will always exist. This, Ladies and Gentlemen, is the extent of my crime!

When I now present the New Medicine to you, you have to realize that the New Medicine is actually “illegal”. Although the findings have been verified 30 times by medical doctors and professors through signed documents, apparently for the last twenty years only Jewish doctors were allowed to practice it.

This congress calls itself a congress for “alternative medicine”. I affectionately call it *alter-naïve* medicine, because by nature any alternative medicine can only exist as long as an understanding of the true contexts and meanings is suppressed. However, generally speaking, one refers to an “alternative medical therapy”. Let me say a few words about this. As you will see in a moment, so-called diseases as we have understood them until now do not exist. Rather, they are Meaningful Special Biological Programs of Nature. And they do not have to be treated with “therapy”, but must be left to run their course because they always have a biological purpose.

The crux of our thinking lies in the fact that, for 1500 years now, in Europe we have practiced a medicine of symptoms. Everything has diligently and religiously been categorized as “benign” or “malignant”: Cancer is malignant, so are microbes, so is fever or fatigue; and all supposedly so-called “symptoms of disease” were malignant and had to be eradicated – like a sinful action.

Since nobody knew anything and nobody knew of any causal therapy, approximately 1000 different therapies existed. But whenever Mother Nature had finished her work of healing – despite our erroneous attempts at pseudo-therapeutic intervention – then we were quick to praise the outcome as our own “success”. How wise we thought we were – just like the sorcerer’s apprentice!

Before I introduce you to the New Medicine, or rather, the German New Medicine – let me take a few moments to explain the name: I changed the name from New Medicine into German New Medicine purely for the reason that currently some 15 different alternative therapeutic approaches also call themselves New Medicine because the name cannot be protected. I had to find a new one. And I decided to call it the German New Medicine because it was discovered in Germany, the nation of thinkers and poets, of musicians, inventors and explorers, and because the German language is the mother of almost all European languages. The result of this is that, apart from being charged with sectarianism, I am now unfortunately also accused of anti-Semitism.

The Five Biological Laws of the German New Medicine®

Both conventional and alternative medicine consider what we commonly call a disease as a result of an „error“ of Nature, as a failure of the so-called “immune system”, as something “malignant” that is trying to destroy the organism and therefore has to be fought with all possible medical-military strategic means available. In 24 years of profound and intense work on this subject I have moved light years away from this notion.

It is, of course, not easy to change our traditional biological-medical thinking straight after the first foray into this new dimension. In the following, I will strive to give you a general overview in the short time available to me.

The German New Medicine (as it is now called), which I discovered in 1981, is an exact natural science based on five biological laws. It does not require any hypothesis and, in rigorous scientific terms, is reproducible for any patient case. This was demonstrated and officially certified on September 8/9, 1998 at the University of Trnava (Slovakia).

In biological-medical terms, the German New Medicine identifies a living organism as an inseparable unity of the psyche, the brain and the organ. All processes of the psyche and the organ are coordinated from the brain. Essentially, the brain is the main computer of our organism, the psyche the programmer. Body and psyche together are basically the “data receiver” of the computer brain (both in optimal programming mode and also when errors occur). By no means is the psyche the sole programmer of the brain. In cases of injuries the organ can also induce an automatic response in the brain and in the psyche. In this sense, the German New Medicine distinguishes itself fundamentally from all other medical schools of thought, in particular from those of standard medicine.

The German New Medicine is an empirical natural science based on 5 biological laws which have always existed and which always will exist. I merely rediscovered these natural laws. They are applicable in equal measure to human beings, animals and plants, even to single-celled creatures – in fact, they apply to the entire cosmos. And, naturally, they are valid concerning all so-called diseases as part of a two-phased Meaningful Special Biological Program of Nature (MSBP).

Lacking the medical and clinical relevance of these 5 biological laws prevented us from being able to understand, classify, and correctly assess one single disease. We were unable to understand cancer and its contextual implications because we considered cancer to be incurable and merely concentrated on eliminating the symptoms on the organ. Nor were we able to understand the so-called infectious diseases, because, instead of recognizing them as healing symptoms, we considered them as aggressive diseases with microbes out to destroy us.

Equally ignored were the “Law of the Two Phases of Every Disease“, the psychological level, the cerebral level as well as the significance of left- and right-handedness. Let alone the “epileptic or epileptoid crisis“ and the so-called “Syndrome“ which is the most frequent cause of death.

All these new ways of understanding and of curing a disease are based on understanding the Iron Rule of Cancer, the First Biological Law, and the so-called DHS = Dirk-Hamer-Syndrome, named after my son Dirk whose unexpected death was the cause why I developed testicular cancer.

The Iron Rule of Cancer is called “iron” because it is a biological law. The fact that a child must always have a father and a mother is an example of a biological law; there must always be two participants involved in creating a child. In the German New Medicine we have 5 biological laws that are quasi iron.

THE FIRST BIOLOGICAL LAW

THE IRON RULE OF CANCER

The Iron Rule of Cancer has 3 criteria:

THE FIRST CRITERION

Every Meaningful Special Biological Program (MSBP) originates from a DHS (Dirk Hamer Syndrome), which is a serious, acute-dramatic and isolative conflict shock that catches us completely off guard. The conflict shock occurs simultaneously

1. in the psyche
2. in the brain
3. on the corresponding organ.



This picture shows how a goalie is caught “on the wrong foot”. He looks puzzled at the ball which he expected in the other corner. He can no longer get off his “wrong foot”.

This is the typical situation of a DHS. The individual is caught “on the wrong foot”.

A **DHS** is a serious, acute-dramatic, isolative conflict shock that catches the individual “on the wrong foot”. However, with the DHS the individual gets a chance to make up for the mishap and to cope with the unexpected situation. At the moment of the DHS the shock triggers the onset of a Meaningful Special Biological Program that runs synchronously on the level of the psyche, the brain and the corresponding organ. This “Special Biological Program” is both visible and measurable.

Exactly at the moment when the DHS strikes, the patient experiences a prolonged stress phase, i.e. he has cold hands and cold feet, he dwells day and night on the conflict content trying to find a resolution. Typically, he can’t sleep, and if, then only during the first part of the night, he has no appetite, he loses weight. That is what we call the **conflict active phase**.

We see that, contrary to ordinary problems in our daily lives, these biological conflicts launch the patient into a continuous stress tonus with very specific symptoms that cannot be missed.

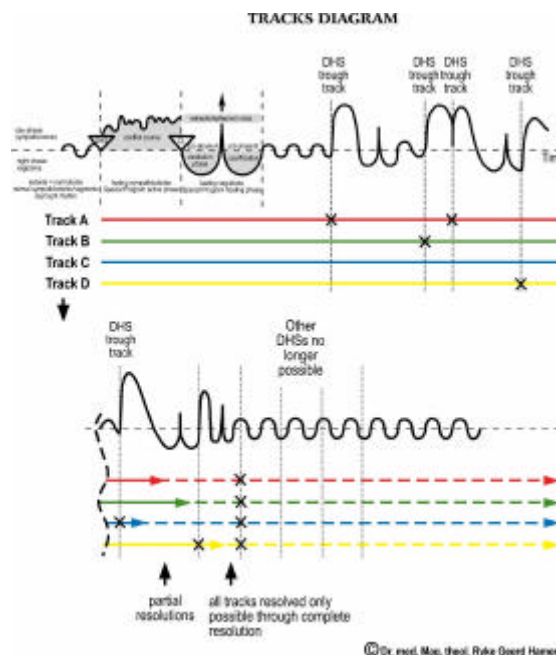
This condition will only change when the patient resolves the conflict. With the resolution of the conflict the patient changes into a rest tonus because now the psyche has to recover. Typically, the patient feels sluggish and tired but released. He has good appetite, his body temperature rises, often accompanied by fever and headaches. In this phase the patient sleeps well, but usually only after three o’clock in the morning. This is what we call the **conflict-resolution phase**.

We humans can suffer many conflict shocks without falling ill but this is only the case if we had time to be prepared for the conflicts.

At the moment of the DHS something else can happen. At the same instant **tracks** are laid on which the disease development “runs” its course. Tracks are additional conflict aspects in connection with a DHS, i.e. circumstances that are associated at the moment of the DHS. Just as in a still photo taken with a flash, but without being aware of it, when the DHS occurs, human beings (as well as animals) pick up the smallest accompanying details such as sounds, smells, sensations, or tastes and store these imprints for life. If, at a later time, the patient sets on such a track, the whole conflict can become re-activated resulting in a relapse.

Together with the main DHS-track five or six “side tracks” (accompanying circumstances that are considered important) can be set simultaneously. It is important to understand that one can also set from one of the sidetracks on to the main track. That’s why we call them “tracks”.

We human beings regard these tracks as “pathological“. We consider them as allergies that have to be fought or we call them “hay fever“, “asthma“, “neurodermatitis” etc. and randomly label with these terms different conflicts in different phases with all their physical and cerebral symptoms.



Example: In a young mother, an amniocentesis carried out in order to determine proof of paternity, triggered a mother-child conflict resulting in cancer of the mammary glands. During the intervention itself the woman was consumed with great fear of potential damage to her unborn child. Although the baby was born completely healthy, the mother experienced the entire paternity proceedings on this established conflict track. Each time she received a letter from the lawyer or the courts, she fell back on this track and the tumor continued to grow. Thus, the DHS does not only comprise the moment of the acute dramatic conflict shock which “catches us on the wrong foot” but also the content of the conflict, which determines where the Hamer Focus appears in the brain and which organ is affected by cancer, necrosis or failure. However, as we can see, much more can happen in the exact second the DHS takes place: in this moment the tracks for future repeated episodes are laid.

THE SECOND CRITERION

The biological conflict determines at the moment of the DHS the location of the so-called Hamer Focus (HH) as well as the location of the cancer or cancer-equivalent disease on the corresponding organ.

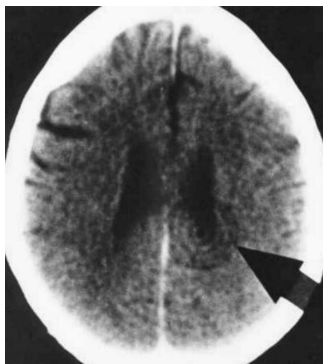
At the moment of the DHS a Meaningful Special Biological Program (MSBP) is switched on that runs synchronously in the psyche, the brain and on the organ. In theory, we use these three levels as a helpful tool for diagnosis and therapy. In reality these three levels constitute one single unit.

Each conflict has a very specific content that is defined at the moment the DHS occurs. The conflict content is determined "in association", which means that it happens unconsciously, bypassing our consciousness. We think that we think. In reality, the conflict has already associatively hit a fraction of a second before we even began to think.

The unexpected shock leaves a mark in the brain, which is visible on a computer tomogram of the brain. Such a ringed lesion is called a Hamer Focus (German: **H**amerscher **H**erd). The term was actually coined by my opponents who mockingly named the ring formations "the dubious Hamer Foci". These Foci look like a set of concentric rings, similar to what we observe when skipping a stone on water.

Every conflict is linked to a specific organ as well as to a very specific part of the brain from where the process on the organ level is controlled and directed.

The changes in the brain are visible at the very second the DHS occurs.



Hamer Focus (HH) in ring form configuration
at the beginning of the healing phase

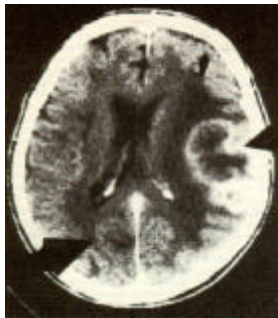
The larger the HH, the larger is the tumor, the necrosis or the cell alteration on the corresponding organ. The more intensive the conflict, the faster does the tumor grow or the larger is the necrosis, the osteolysis or the cell alteration with those cancers that do not display cell augmentation.

During this phase there is temporary swelling of the brain which can cause problems, e.g. if the conflict has lasted too long, or when the brain edema is located in an unfavorable location, or when the HH shows an intra- and perifocal edema. The edema on the organ and on the correlating HH in the brain grows particularly large with a simultaneous kidney collecting tubule-water retention conflict, which we call "The Syndrome". At this point the HH requires more room, consequently indenting surrounding brain tissue or pushing it out of the way.

In the brain both phases (conflict active phase and resolution phase) have the HH at the same location. They are, however, in different conditions: During the conflict active phase the HH appears as a sharp ring configuration while during the resolution or healing phase the HH appears as swollen, edematous and dark. At the end of the healing phase so-called glia, harmless brain connective tissue is stored at the site participating in repairing the HH.

The white dense glia HHs, which can be easily made visible in a computer tomogram using iodine contrast substance, indicate a repair process on the HH in the brain and are not at all a reason to panic.

After the healing phase the HH shows as a harmless scar – the end result of a successfully completed healing process. The glia-rings are unfortunately misinterpreted as “brain tumors”, as glioma, astrocytoma, oligodendroglioma, glioblastoma etc. and are cut right out to the disadvantage of the patient. Since brain cells can no longer divide after birth brain tumors do not really exist!



Right arrow: HH in right temporal lobe
Condition after heart attack (territorial conflict)

Left arrow: testicular carcinoma (profound loss conflict) for right testicle
(already in healing phase)

In this example, the patient, a farmer, had suffered a DHS six months earlier, when his only son had a serious motorcycle accident. The son spent a long period of time in intensive care, and the patient thought that his son would remain physically disabled. But his son fully recovered. Four weeks after the son returned to the farm, his father suffered a heart attack with dizziness, headaches and balance disturbances. He suffered the heart attack after he had resolved the conflict.

In the animal world, a male deer can also suffer a biological conflict, e.g. a territorial conflict with angina pectoris during the conflict active phase, when his opponent drives him out of his territory. The ulceration in the coronary arteries that starts as soon as the conflict takes place widens the coronary vessel, which allows the double or triple amount of blood being pumped to the heart. This enables the deer to wait for the right moment to fight his opponent and win his territory back. He only gets this vigor and strength because the Special Biological Program is activated. Without it, he would not be able to succeed. Were the deer be given tranquilizers, it would never be able to get his territory back.

For a man his “territory” could translate into his business, his girlfriend, his family or his job. We humans have several shared territories – even a car can be a “territory”. With human beings the heart attack is only noticeable when the conflict activity lasted at least 3-4 months. However, if the conflict active phase lasted more than 9 months the heart attack is usually fatal.

This is different from the myocardial infarct (controlled from the cerebral medulla). Here the conflict content is experienced as: “I am completely overwhelmed”. The conflict active phase manifests itself as necrosis of the myocardium. During the healing phase and specifically during the epileptoid crisis, which indicates a crucial turning point, the epileptic heart attack or myocardial infarct is initiated.

THE THIRD CRITERION

The development of the MSBP on all three levels, from the DHS to the conflict resolution (CL) and the epileptoid crisis (EC) at the height of the healing phase and the return to normalization always runs synchronously.

The development of the Meaningful Special Biological Program occurs simultaneously on all three levels. If the conflict becomes more intense, then, for example, the tumor growth advances faster. If the conflict loses intensity, the intensity diminishes on all other levels. If the conflict is resolved, then the resolution phase takes place on all three levels. If there is a relapse, the relapse happens on all three levels.

The Conflictolysis (CL) is a very distinctive point since every disease has its very specific healing symptoms that only commence with the resolution of the conflict. If we ask the patient about his conflict, we know the psychological level; if we have a computer tomogram of the brain, we know the brain level. On the organ level, however, we see, for instance, a paralysis, neurodermatitis, diabetes, etc.

What is fascinating about the German New Medicine is that we are not only able to conclude from the brain scan the type of biological conflict, the conflict content, which organ is involved and whether cell multiplication or cell loss is taking place, but we can also establish whether the conflict is still active (ca-phase) or has already been resolved (pcl-phase).

THE SECOND BIOLOGICAL LAW

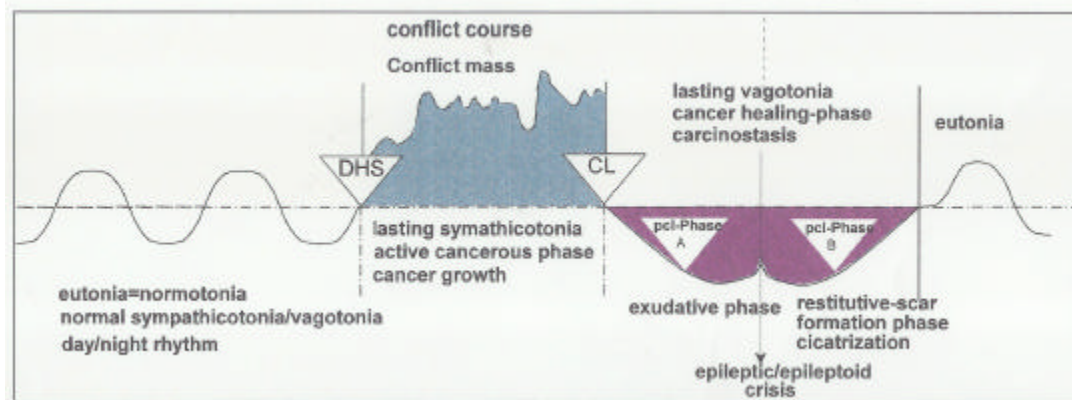
The law of the two phases of all MSBP provided there is a resolution of the conflict

This natural law turns our entire medical understanding of diseases upside down, since ALL diseases run in this two-phased pattern. Unaware of these relationships, we have in the past identified a few hundred “cold diseases”, and a few hundred “warm diseases”. Patients with “cold diseases” had cold skin, cold extremities, were in protracted stress, lost weight, had difficulty falling asleep or suffered from sleep disturbances. Patients with “warm diseases” had warm or hot extremities, often fever, good appetite, and considerable fatigue.

With the so-called “cold diseases” the subsequent healing phase was overlooked or viewed as a “disease” in itself. With the so-called “warm diseases” – which are in fact already healing phases following a conflict active phase – the cold phase was overlooked and also viewed as a disease in itself. Now we understand that what was previously considered as two “diseases” is actually one single Special Biological Program (MSBP).

One could ask why physicians haven’t yet recognized this two-phased pattern if it is so obvious. The reason is simply that conflicts are not always resolved. If the conflict cannot be resolved the disease remains in one phase, in other words, the individual stays in conflict activity, wastes away and dies of enervation or cachexia.

In retrospect, traditional medicine has not been able to understand one single “disease”.



The diagram above shows that with the DHS the normal day-and-night rhythm switches into lasting sympathicotonia. The conflict resolution (CL) initiated the phase of lasting vagotonia. The vagotonic phase is interrupted by the so-called epileptic or epileptoid crisis which occurs at the deepest point of the healing phase. This crisis (a sympathicotonic spike) indicates a crucial turning point during the phase of vagotonia.

Every disease that has a conflict resolution involves a conflict active phase and a healing phase. And every healing phase – if not interrupted by a relapse – has an epileptic or epileptoid crisis, i.e. a turning point occurring at the deepest point of vagotonia.

This **epileptic or epileptoid crisis** is an event that Mother Nature has practiced for millions of years. It is a crisis, which runs simultaneously on all three levels. The purpose of this crisis at the highest point of the healing phase is to get the organism back to normality. What we generally call an epileptic seizure with muscle convulsions is only a specific type of epileptic crisis, which occurs after resolving a motor conflict.

An epileptoid crisis occurs in every disease but with some variations in each. “Epileptoid” means that there are no tonic-clonic muscle-cramps as in motor conflicts but other symptoms. Each type of biological conflict or disease has its own specific type of epileptoid crisis.

Mother Nature created quite a trick for this meaningful event. In the middle of the healing phase, the patient all of a sudden suffers a recurrence of his conflict. In other words: he experiences the conflict for a short time (as a conflict active relapse) all over again, including cold hands, cold sweat and all the symptoms of the conflict active stress phase. This also explains the strong angina pectoris pain during the heart attack.

The epileptoid crisis often presents a real clinical challenge as, for example, the lysis of pneumonia, the heart attack following a territorial conflict, the right cardiac infarction with pulmonary embolism, the loss of consciousness following a separation conflict, or diabetes and hypoglycemia.

For example, a patient suffering a cardiac infarction with a preceding conflict activity of more than 9 months has only a small chance of survival with standard medical treatment. Not one single patient – so we learned from our Vienna heart attack study - survived who was conflict active over a territorial conflict for more than 9 months of average conflict activity. With the so-called “Syndrome” (water-retention) involved the situation is different. Today, we can reduce the risks by treating the patient already 3-6 weeks prior to the epileptic crisis, i.e. prior to the expected heart attack.

A most important criterion in the German New Medicine is the **handedness** of the patient. Without establishing whether the patient is right-handed or left-handed we cannot work in the GNM. Besides identifying the laterality, it is equally important to know the patient's age, gender and hormonal situation, e.g. if a woman is postmenopausal, on the birth control pill, if her ovaries were removed or treated with radiation, if the patient is on chemotherapy, is on hormone drugs, etc.

The easiest way to establish our laterality is the clapping test = clapping as one would when applauding



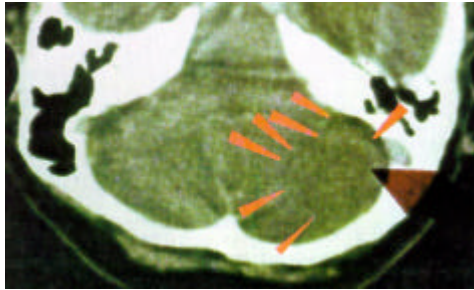
.... the upper hand is the leading hand that determines our biological laterality. If the right hand is on top, the person is right-handed; if the left hand is on top the person is cerebrally left-handed. This test is essential in order to identify on which brain hemisphere a person operates. There are many re-trained left-handers, who think that they are right-handed.

Left- and right-handedness starts in the brain, more precisely in the cerebellum. In the brain stem laterality is insignificant. In other words, the development of the cerebellum starts already with the first cell division and with it the differentiation of right- and left-handedness. Compared to right-handedness, the left-handedness transfers the conflict to the opposite brain hemisphere. The left-handers are differently "poled" from the psyche to the brain.

In the German New Medicine, neglecting to ask a patient whether he is right- or left-handed is considered a big mistake, because the laterality is of utmost importance to understanding the correlation of the conflicts to the brain (HH) and to the cancer or necrosis on the organ. Our laterality determines the "path" on which the conflict corresponds with the brain as well as which type of "disease" a patient can suffer with what type of conflict.

In the cerebellum, for example, the conflicts impact each hemisphere in correspondence to a certain conflict theme. For example: when a woman is right-handed, a mother-child-worry conflict always impacts on the right hemisphere of the cerebellum affecting the glands of her left breast. Even if she suffers another conflict for another child or a mother-child conflict with regards to her own mother, the conflicts still impact on the same area of the cerebellum.

But we have to make a distinction for the case that a mother no longer or only partly views her child as a "child" but more as a partner. In this scenario the conflict would impact the opposite brain hemisphere of the cerebellum and the breast cancer would manifest itself on the right breast, because the left side of the cerebellum is linked to the right side of the body, the "partner" side. Not only a spouse, friend, father or brother is considered a partner but also a sister, the mother-in-law, the neighbor, etc.



CT-picture

breast cancer (adenoid)

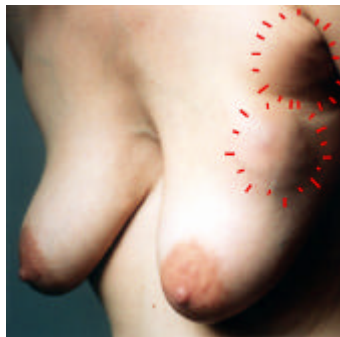
right cerebellum for the left breast (glands)

mother/child - or child/mother-worry conflict for right-handed woman.

An example: A mother suffered a mother/child-worry conflict because her child ran into a car and is seriously injured. The mother blames herself ("Had I only kept him by my side."). From this moment on the patient has cold extremities, she is unable to sleep, she loses her appetite, she loses weight and dwells constantly on the conflict, even more so if she is not able to talk about her conflict.

During this conflict active phase, while the mother constantly thinks of what had happened, we see in her left breast (provided she is right-handed) a multiplication of breast gland cells, commonly called breast cancer. In addition to the cancerous growth we find in the brain in the area ("computer" relay) of the right cerebellum, which controls the left breast, a sharp ring configuration as an indication of conflict activity, in other words, as a sign that the Meaningful Special Biological Program is active.

The so-called breast gland tumor continues to grow as long as the conflict is active. The resolution of the conflict can only occur when the child recovers. It is at this moment that the breast tumor stops growing.



Patient with adenoid breast cancer

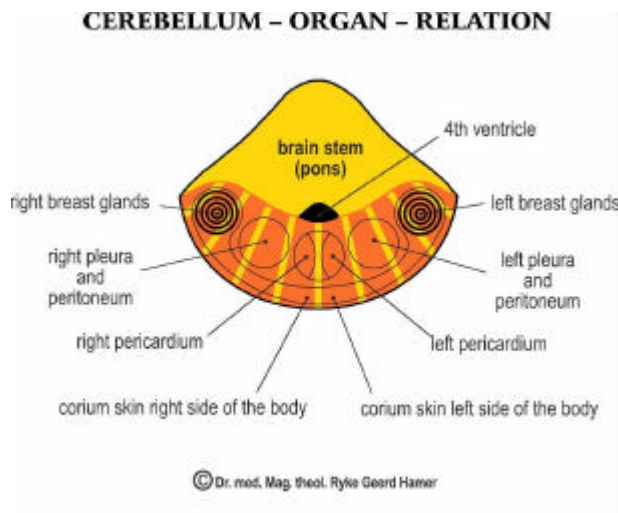
- a) mother/child conflict or
- b) child/mother conflict

In comparison: the conflict content of the so-called intra-ductal mamma carcinoma with its control centre in the cerebral cortex is a separation conflict with ulceration in the milk ducts during the conflict active phase, and swelling and redness of the breast during the healing phase.

When two conflicts impact in the cerebellum, one in each hemisphere (for the right and for the left breast), then we speak of a "Schizophrenic Cerebellum Constellation". This "Constellation" results in severe emotional disturbances of paranoid-delusional nature, however, without affecting logical thinking. Patients describe this state of mind as feeling emotionally burned out, feeling void of any emotions, being unable to have any feelings (so-called "asocial paranoia").

What is commonly coined schizophrenia is an “emergency response of the organism” when the individual sees no way of resolving the conflicts. It has already been hypothesized that schizophrenia (“split brain/ thoughts”) has something to do with the two brain hemispheres not vibrating in the same rhythm. But nobody ever considered that this is caused by two different active biological conflicts although, with hindsight, it is so apparent.

Despite the fact that most psychiatric clinics are equipped with CT-scanners, nobody ever noticed anything. Why? Because a psychiatrist doesn't know anything about brain scans and a neuro-radiologist is not interested in biological conflicts.



Typical Schizophrenic Cerebellum Constellation

THE THIRD BIOLOGICAL LAW

The ontogenetic system of Meaningful Special Biological Programs (MSBP) of cancer and of cancer-equivalent diseases

Embryology generally divides the development of the embryo into three so-called germ layers: the endoderm (inner germ layer), the mesoderm (middle germ layer) and the ectoderm (outer germ layer), which develop already in the initial stages of embryo growth. All organs derive from these three embryonic layers. Every cell and every organ of our body can be ascribed to one of these germ layers.

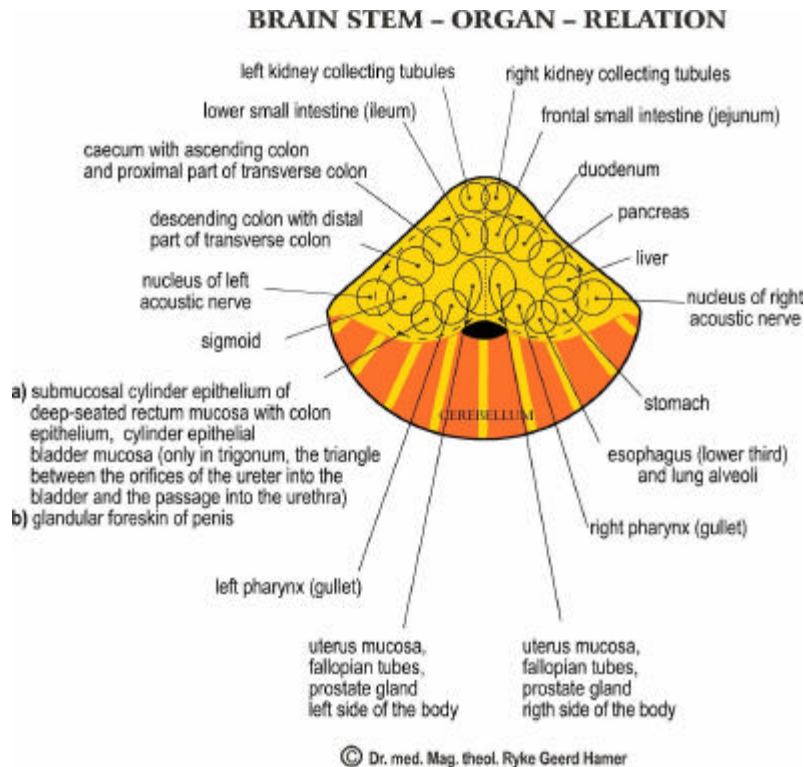
The 3rd biological law of the German New Medicine classifies all so-called diseases according to their relation to a specific germ layer. By classifying all types of growths, swellings, and ulcers according to their germ layer correspondence we find that all “diseases” that relate to the same germ layer share special features (concerning the mesoderm we have to differentiate between the cerebellum-controlled and cerebral medulla-controlled mesoderm)

As a result of evolution, to each of these germ layers belongs

- a specific part of the brain
- a specific type of conflict
- a specific location in the brain
- a very specific histology
- specific germ layer related microbes

In addition: every so-called disease or MSBP has, in evolutionary terms, a very specific biological meaning.

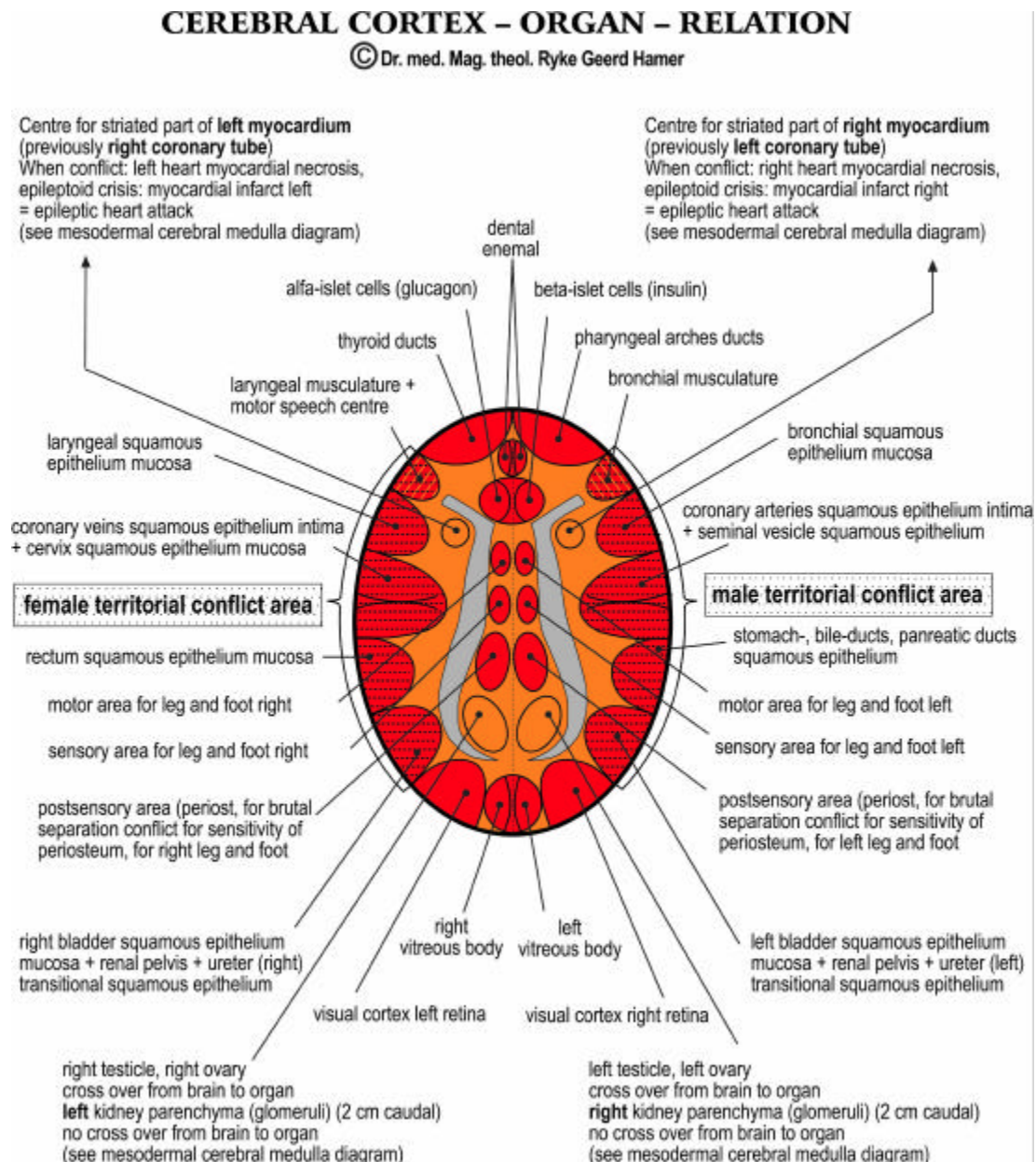
All cells and organs that derive from the inner germ layer have their brain relay or control center from which they are directed in the brain stem, the oldest part of the brain.



There is a clear order to their location, for they begin dorsally on the right with diseases of the mouth and the nasopharyngeal area and then continue counterclockwise along the gastro-intestinal canal, ending with the sigma and the bladder.

Histologically, and without exception, all carcinoma are adeno-carcinomas. All organs that derive from this germ layer generate cell augmentation during the conflict active phase with the formation of compact tumors, e.g. in the liver, in the colon, in the lungs.

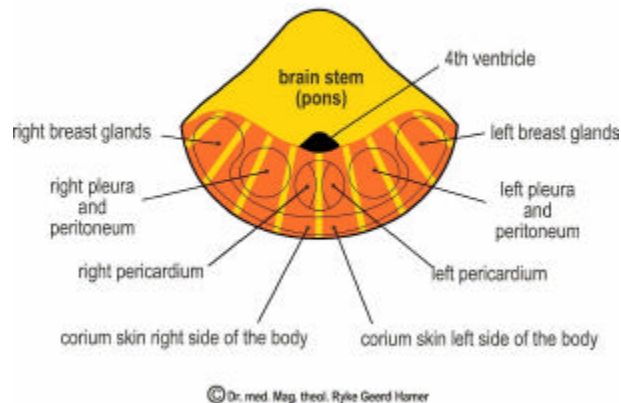
All cells and organs that derive from the outer germ layer have their control center in the cortex of the cerebrum, which is the youngest part of the brain.



In the case of cancer, they all generate cell loss in form of ulcers in the conflict active phase or biologically meaningful functional changes (partly improvement of function, partly impairment of function, e.g. motor paralysis, diabetes, etc.). During the healing phase the ulceration is being replenished and the organ function re-established.

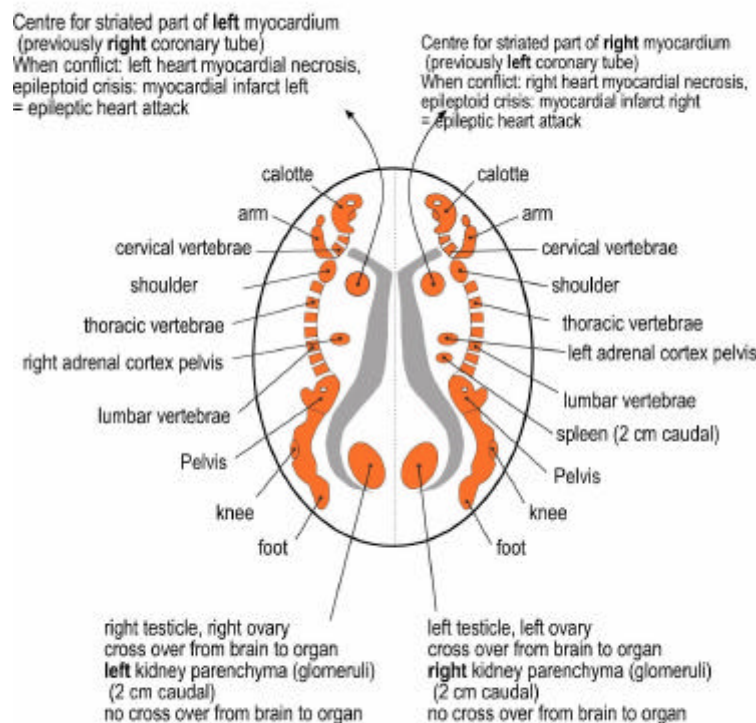
Concerning the middle germ layer we differentiate between an old and a new group.

CEREBELLUM – ORGAN – RELATION



All cells and organs that belong to the new group of the middle germ layer have their control center in the cerebral medulla. In the case of cancer, these cells and organs generate necroses or holes in the tissue during the conflict active phase, e.g. in the bone, the kidney, or the ovaries.

CEREBRAL MEDULLA – ORGAN – RELATION



Cerebrum-controlled mesodermal organs make necroses or osteolyses during the conflict active phase. During the healing phase the lost tissue is replenished.

Here we can clearly see that cancer is not the result of wildly proliferating cells but rather a meaningful and even predictable process in full accordance with ontogenesis.

biological meaning				
endoderm (inner germ layer)	fungi, myco- bacteria, Tbc	Hamer Focus in brain stem		ca-phase
		ca-phase: adeno-Ca (tumor: tissue plus)	pcl-phase: Tbc tumor degradation	
		Hamer Focus in cerebellum		ca-phase
	Bacteria, myco-bacteria, Tbc	ca-phase: adenoid-Ca (tumor: tissue plus)	pcl-phase: Tbc tumor degradation	
mesoderm (middle germ layer)		Hamer Focus in cerebral medulla		at the end of pcl-phase
	bacteria	ca-phase: necrosis-Ca (tissue minus)	pcl-phase: necrosis restitution (more tissue than before)	
		Hamer Focus in cerebral cortex		ca-phase
	with or without viruses (if they exist)	ca-phase: epithelium ulceration (tissue minus)	pcl-phase: repair with reconstruction of ulcerated area	
ectoderm (outer germ layer)				

yellow
= brain stem
ENDODERM

 orange/yellow-striped
= cerebellum
MESODERM

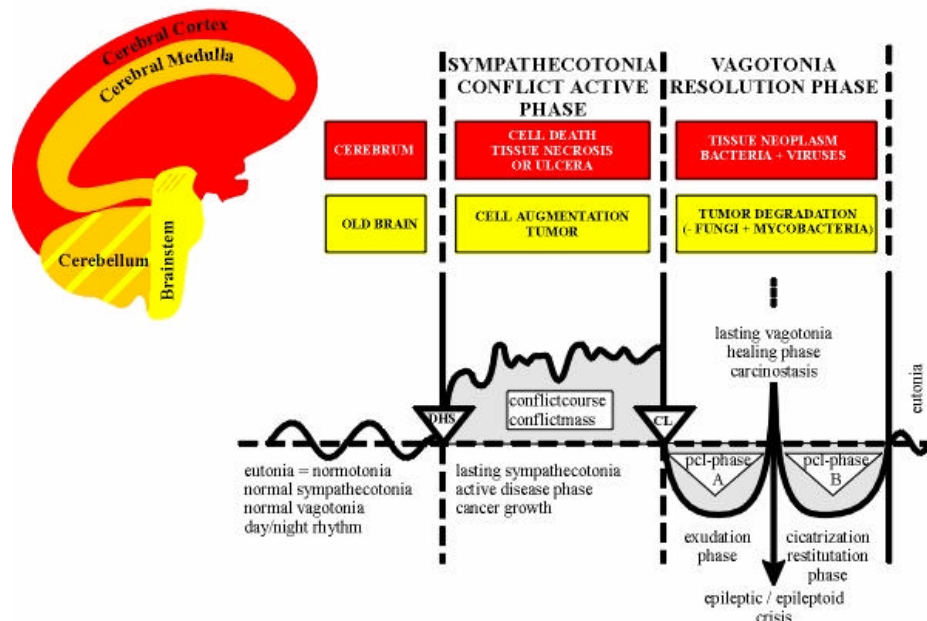
 orange/red-striped
= cerebral medulla
MESODERM

 red = cerebral cortex
ECTODERM

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This is the reason why the origin and pathogenesis of cancerous diseases could not be classified and understood. The Iron Rule of Cancer and the Law of the Two Phases of every disease provides us for the first time with a systematic order that applies to all of medicine.

THE ONTOGENETIC SYSTEM OF TUMORS MEANINGFUL SPECIAL BIOLOGICAL PROGRAMS OF NATURE



(The lower part of the diagram refers to the diagram of the 2nd Biological Law)

The diagram shows two different groups: The red cerebrum group generates cell loss during the conflict active phase (ca-phase). During the healing phase the necroses or ulcera are replenished with swelling and the formation of cysts.

The yellow old brain group generates the formation of tumors during the ca-phase. During the healing phase the tumor is being decomposed with the help of myco-bacteria (Tbc) provided that they were already present when the DHS occurred.

In medicine this ontogenetic system, specifically that of tumors, is comparable to the significance of the periodical system of elements in the natural sciences. It provides a comprehensive contextual overview for all medical disciplines.

THE FOURTH BIOLOGICAL LAW

The Ontogenetic System of Microbes

Until now, microbes have been considered as the cause of so-called infectious diseases, something entirely understandable because microbes are always present in infectious diseases. However, this view is incorrect, for all infectious diseases are preceded by a conflict active phase, which we have been overlooking.

The point in time that triggers the activity of microbes is not determined by exterior factors (as erroneously assumed) but is rather controlled entirely from our computer brain.

Microbes are not our enemies but our loyal helpers. They start to work on our orders, on the orders of our organism, directed from our brain, and each germ layer-related organ or tissue is in correspondence with specific germ layer-related microbes.

When the functions of our organs were programmed into the different brain relays, the functions of microbes were also programmed into our computer brain. Microbes are all more or less specialists not only in terms of the organs they work on but also with regards to how they work.

According to the Law of the Two Phases of all diseases (provided there is a resolution to the conflict), all microbes “work” without exception only in the second or healing phase, starting with the conflict resolution (CL) and ending with the completion of the healing phase. Myco-bacteria (Tbc) start already multiplying at the moment of the DHS but start their work only when the conflict has been resolved. The body produces the exact amount of microbes necessary to break down the now superfluous tumor.

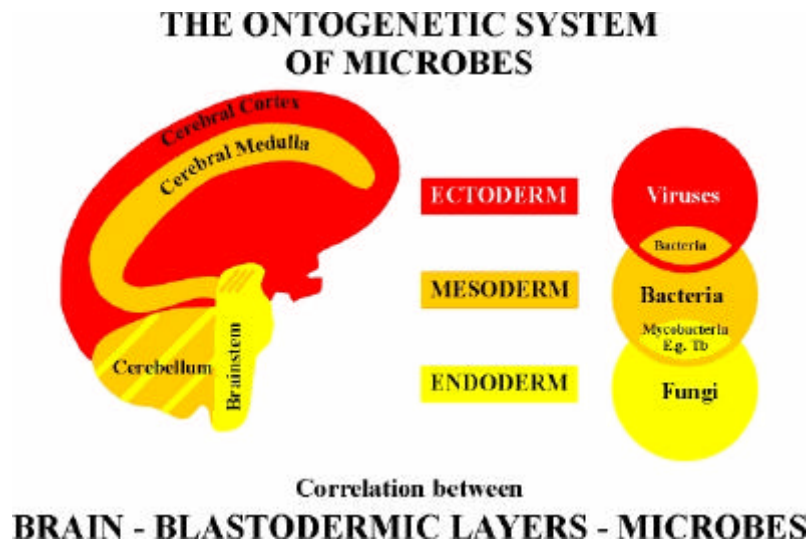
The classification of microbes is in full accordance with their ontogenetic age:

Fungi and myco-bacteria (Tbc), the oldest microbes, only work on brain stem-controlled endodermal organs.

Myco-bacteria (Tbc) work also on cerebellum-controlled old brain mesodermal organs

Bacteria work on cerebral medulla-controlled new brain mesodermal organs.

Viruses (if they exist at all) are the youngest microbes that work only on cerebral cortex-controlled organs.



We considered microbes as something “malignant” that has to be eradicated. This was pure nonsense because we badly need these microbes. In fact, we need all microbes available in our environment because if microbes such as myco-bacteria (Tbc) are absent, for instance due to hygienic reasons, our tumors cannot be decomposed during the healing phase – with disastrous consequences for a number of tumors.

Let’s look at the example of a thyroid carcinoma: if the conflict has been resolved and the tumor cannot be broken down, more amounts of thyroxine are being produced, a useless process, biologically speaking. Or a colon carcinoma: if there are no myco-bacteria present, the growth can suddenly cause considerable complications and has to be surgically removed.

Now we understand that microbes play a vital role within the Meaningful Special Biological Program. Microbes developed with and for us. They are an essential component of Nature’s laws. Since we were not aware of this, we blindly tried to eradicate these beneficial helpers with antibiotics or sulfonamides.

The so-called “immune system“, commonly viewed as our body’s line of defense in destroying “malignant” cancer cells and “malignant” microbes, just as in a major battle, does not exist in that sense. Acting on our brain’s orders, the allegedly pathogenic microbes become a-pathogenic microbes that retreat in our organism and are only re-activated if they are needed.

Pretty much everything, which we had been doing as conventional physicians, was nonsense. Because Nature’s natural laws cannot function if we, as the sorcerer’s apprentices, randomly eliminate some factors.

The notion of microbes or metastases crawling around in our blood vessels (where they were never found) is nonsense.

The tale of **metastases** is an unproven and unprovable hypothesis. To this day there has never been a single observation of a cancerous cell in the arterial blood of a cancer patient. If cancer cells were able to “swim” to distant organs, they would have to do so via the arterial blood stream because venous and lymphatic vessels only run to the centre, i.e. the heart.

In the German New Medicine, so-called „metastases“(which do not exist) are often the result of the panic suffered through a diagnosis shock (iatrogenically induced) when a new DHS triggers a new biological conflict.

Let's take as an example the case of the patient with breast cancer whose child was seriously injured after having been hit by a car. Let's assume that after three months in hospital the child has finally recovered. In a right-handed woman a tumor will now be detectable in her left breast. Now she is told that her entire breast has to be removed otherwise there would be the danger that the malignant cancer cells will “spread” into the immediate environment or cause metastasis in a distant organ. In order to prevent this from happening, Chemotherapy should be administered as soon as possible in order to kill these malignant cancer cells.

Faced with this devastating diagnosis as well as with the planned intervention and the negative prognosis, the young mother can suffer the following new conflict shocks:

1. a “disfigurement conflict” resulting in a melanoma at the site of the amputated breast
2. a “self-devaluation conflict” (“I am useless there”, “I am worthless there”) resulting in osteolyses in the area of the amputated breast
3. an “attack conflict” against the left side of the chest where the operation will take place resulting in a pleura mesothelioma of the left pleura.
4. a “death fright conflict” resulting in lung nodules (adeno-carcinoma)

The melanoma and the lung nodules are soon noticeable. Since the child recovered, the “distant metastasis” in the right lateral cerebellum, the so-called Hamer Focus, is also healing! The osteolyses as well as the pleural effusion are also only noticeable in the healing phase after the conflict has been resolved.

We see that the metastasis fairy tale is an unproven and unprovable theory. So is the myth that cancerous cells change into another cell type while traveling through the blood (where it has never been observed). For example, a colon cancer cell that forms a cauliflower-shaped compact tumor in the colon (endoderm), supposedly travels all of a sudden to the bones (mesoderm), where the cells now cause the loss (!) of bone tissue (osteolysis). This theory is pure nonsense and nothing short of medieval dogmatism.

What is disputed is not the fact of a secondary or third carcinoma but the assessment and interpretation of these facts.

The same applies to so-called **tumor markers**. Since conventional medicine makes no difference between the conflict active phase and the healing phase of a disease, markers were developed which show an increased value in the conflict active phase or, at another point in the healing phase. As a result correct facts lead to false diagnoses. In fact, all “healing phase markers” could be called “vitality markers”.

THE FIFTH BIOLOGICAL LAW

The Quintessence

Every so-called disease has to be understood as part of an evolutionary Meaningful Special Biological Program of Nature.

The 5th biological law is truly the quintessence. It turns the entire concept of medicine on its head. When we look at the three germ layers separately, we realize that they are biologically meaningful and that what we commonly call a “disease” is in fact not a senseless error of Nature that has to be fought but that every disease is a meaningful event. When we realize that so-called diseases are no longer “malignant”, that they no longer have to be understood as a failure of Nature or as God’s punishment but rather as part of a Meaningful Special Biological Program (MSBP) then these MSBPs become exceedingly significant.

Let’s take, for example, adenoid breast cancer with proliferation of breast gland tissue during the conflict active phase. The biological purpose is clearly to aid, for instance, an injured infant by providing more milk. The mother’s organism is trying to cope with the situation. As long as the conflict is active, the tumor will continue to grow to maintain the increased milk production. In this case, the biological meaning lies in the conflict active phase.

In our so-called civilized countries these processes often occur when the woman is not breastfeeding. If a woman who is not nursing suffers a mother/child-worry conflict, the growing breast gland tumor imitates the purpose of wanting-to-provide-more-milk to the baby even if the child is no longer an infant.

This is different from a water- or fluid conflict (new brain mesoderm): during the conflict active phase we observe the necrosis of kidney tissue and elevated blood pressure, which serves the purpose to compensate for the tissue loss in the kidney and thus ensure the elimination of adequate amounts of urine and of urinary substances. During the healing phase a capsule is formed at the site of the necrosis, which is filled with water. This is called a kidney cyst. Inside this cyst a steady cell multiplication process is taking place. At the end of this period, after approx. 9 months, a hard cyst is formed with its own blood supply system. This cyst which started out as a tumor attaching itself to the surrounding tissue eventually becomes detached and participates in the urine production of the kidney. In this case the biological meaning is in the healing phase, i.e. with functional improvement of the tissue involved.

The MSBP has a meaningful biological purpose, or the MSBP is trying to accomplish something that is biologically meaningful. The biological meaning is, as we have seen, either in the conflict active phase or in the healing phase. Mother Nature took the liberty to realize both but always in accordance with the different groups of germ layers.

With cerebrum-controlled carcinoma the biological purpose is in the conflict active phase. Contrary to the cell augmentation of old brain-controlled organs, the cell proliferation that takes place during the healing phase is a repair process during which the lost squamous epithelium tissue is replenished. Since nobody really understood that process, the restitution of the necrotized or ulcerated area during the healing phase was also interpreted as cancer or as a sarcoma.

This explains why we could not understand the true nature of cancer as long as we were unable to understand all these correlations, specifically the evolutionary development of the response programs to our conflicts.

“La medicina sagrada” turns everything around, nothing is correct any more – except the facts.

Not only does each MSBP have its specific biological meaning, but the combination of MSBPs, as we see in “Schizophrenic Constellations”, also has a biological purpose, sort of a “meaning beyond the meaning”. This has no transcendental, ideological or spiritual connotation but simply means that in case of a hopeless situation Mother Nature created the possibility to open a new dimension for the individual as a chance to master the difficult situation. The German New Medicine also offers new ways of therapy for mental disorders (psychoses).

The 5th biological law completes the German New Medicine. For the first time we can understand in all modesty not only that all of nature is in order but that every single process in nature has a meaning. We recognize with awe that what we previously called “diseases” are neither senseless errors of Nature, which have to be repaired by sorcerer’s apprentices nor are they malignant or pathological.

THERAPY in the German New Medicine requires common sense. Be it cancer or any other so-called diseases (which I cannot adequately address in this short time), therapy starts with eliminating the patient’s panic by explaining the “context” (the pathogenesis and progression of his disease), something of which he is most likely already aware of. The German New Medicine is diametrically opposed to the therapy of conventional medicine: *“There is nothing we can do for you; this has to be treated with radiation or chemo; we have to administer morphine; we have to cut into the healthy tissue.”*

Radiation therapy, based on the criteria of the German New Medicine, is totally useless for it is founded on the theory that symptoms have to be eliminated in order to prevent metastases.

Selling **chemo treatment** as a therapy is most likely the biggest fraud in the entire history of medicine. Whoever masterminded this chemical torture as “therapy” deserves a monument in hell. Chemotherapy, a treatment with cytotoxic agents aimed at preventing cell multiplication, is equal to exorcism. It is well known that these toxins destroy the bone marrow and affect the sexual organs, which may lead to temporary or constant infertility.

The chemo-pseudo-therapy has no effect at all on tumors, which are controlled from the old brain since the cytotoxic drug amplifies the sympathicotonus and therefore actually accelerates cancer growth – which makes the whole procedure outright criminal. With cerebrum-controlled cancers chemotherapy is downright idiotic. Of course, any healing process can be instantly interrupted with chemotherapy (at the expense of deteriorating bone marrow) regardless which part of the brain controls the disease. But the alleged “successes” are the result of a prevention of the healing process, labeled as “malignant” by conventional medical doctors.

With intra-ductal breast cancers, for example, chemotherapy can stop the swelling of the healing breast. Basically, all that stopped was the healing process, based on the illusion to halt the growth of a tumor, which is not even a tumor.

What about the effect of chemotherapy and radiation on the brain?

The special power of our brain to cope with biological conflicts is based on the ability to heal the HH (brain lesion). As we know, the brain is able to do that by creating a brain edema during the healing phase. With the edema the brain cells are stretched, in other words the HH swells up. By applying chemotherapy or radiation the healing process is stopped and the swollen brain area shrivels. The edema disappears but the HH is by no means healed. After the chemo or radiation round is over the organism immediately tries to trigger the healing process again, in other words it starts to re-fill the HH with edematous fluid. With every chemotherapy or radiation treatment the synapses, the connection between nerve cells, stretch and then shrink again. Eventually this initiates the life threatening “accordion effect”.

Operations are in the German New Medicine not categorically dismissed. Surgery has to be used with common sense.

Morphine is catastrophic for every patient. Nature has not foreseen such an intervention. Since morphine and its derivatives are available, we think that we can stop the pain and at the same time get healthy. This is a wrong assumption because morphine alters the entire brain, the patient's morale diminishes and without willpower he lets himself be "put to sleep".

Medical treatment is not only a domain of conventional medicine. In the German New Medicine medication is used to avoid complications during the natural healing process. All remedies with a positive symptomatic effect should be applied for the benefit of the patient and based on the criterion whether the doctor would administer it to his own wife.

It is self-evident that with the help of the German New Medicine patients who have not yet undergone any treatment have the best chance to complete recovery.

Conventional medicine which has been boasting its supposed scientific merit must take a step back and ask itself if it has not left the path of a true natural science a long time ago. But the very fact that fundamental natural laws are now known for the first time (as they have in other disciplines of natural sciences) would grant medicine a unique chance to become a natural science in the truest sense of the word.

Closing Remarks

The participants of this congress had good intentions and nominated me for the Prize of Asturia. I am most grateful for the recognition. But an award, my dear friends and former colleagues, always involves two sides: someone who awards the prize and someone who accepts it. However, the Prize of Asturia for Medicine comes with a heavy debt: In April of this year the prize was awarded to Professors Gallo and Montagnier for their "discovery" of the so-called "AIDS virus", which in reality does not exist. The presence of an HIV Virus has never been established in AIDS patients. Montagnier himself conceded at a congress in Barcelona 10 years ago that he had never observed the presence of an AIDS virus. Now he is giving the lie to himself and lets himself be awarded.

The main argument against "AIDS" as a disease in itself are the findings of the Ontogenetic Systems of Tumors and the derived Ontogenetic System of Microbes. Nobody has ever observed typical symptoms after a so-called HIV infection, as are commonly associated with measles and rubella. If a patient tested HIV-negative and if he was taken ill with, for example, cancer, rheumatic fever, sarcoma, pneumonia, diarrhea, tuberculosis, herpes or any other neurological symptoms or disorders, then these would commonly be regarded as normal diseases according to popular opinion. However, if this same patient tested HIV positive, then all these symptoms would be considered malignant "AIDS" symptoms, or even "AIDS metastases" pointing to the imminent and agonizing death of this poor "AIDS" patient. It must have something to do with the patient's psyche if someone falls seriously ill only after having been told to be HIV-positive.

Has no physician ever been able to fathom what goes on in a patient who is brutally confronted with this devastating diagnosis? And is it not quite strange that "AIDS", which is thought to be a viral disease, progresses entirely differently from all other viral diseases. Those are commonly considered as overcome in the presence of a positive antibody test result.

You must forgive me, but I am a very practical man. It is certainly interesting to enter into a theoretical discussion of "AIDS", but in the meantime those poor people are being terrorized and killed by "AIDS" –

exactly as is the case with cancer. Those who do not wish to publicize the true correlations and contexts of cancerous diseases and those who have kept me locked up in jail are the same who masterminded the fatal immunodeficiency disease “AIDS“, conveniently driving a second nail – after cancer – into the coffin of those patients “condemned to death“, and ultimately granting the perpetrators even more power.

Please forgive me, but I feel I am out of place among such a set of scientists. But I do not wish to close all doors – for the benefit of my patients and your patients. After long deliberation I have decided to accept the prize under the following conditions:

1. I will be granted the official permission to practice my profession as a doctor of medicine.
2. More explicitly, this renewed permit will allow me to practice the German New Medicine – a discipline that received 30 official verifications.

My friends and all who know me can attest to the fact that I am neither megalomaniac nor arrogant but rather a humble and kind person. I would therefore consider it the ultimate treason of our patients if I accepted an award for my vanity without ensuring that the conditions of my patients are fully met.

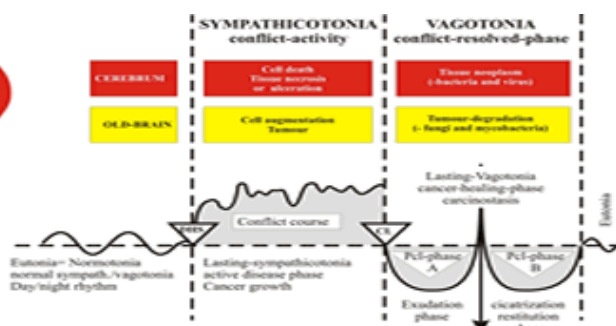
Something must happen now!

We all must act!

It is the responsibility of us all!

Let us rise and work together to put an end to this crime.

This is what I ask of you!



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Interview with Dr. Hamer on The Germanic/German New Medicine

The following has been translated from a tape recording produced in German by "Amici di Dirk" Verlag, Koln, Germany in 1992.

It is meant as an introduction to Dr. Ryke Geerd Hamer's "NEW MEDICINE" and his books "CANCER, DISEASE OF THE PSYCHE" and "LEGACY OF A NEW MEDICINE, Volume 1, The Ontogenetic System of Tumors including Cancer, Leukemia, Psychosis and Epilepsy".

This information will familiarise you with the subject of these books

It is also necessary in order to understand the tape recording in which specific diseases are discussed; for example, different kinds of cancers and cancer-equivalent diseases.

Question 1 - Dr. Hamer, what prompted your research into cancer and making a connection between the psyche and disease?

I didn't really occupy myself with this until 1978. I was a doctor of internal medicine and had worked in university clinics for fifteen years, five of them as a professor. I also had my own private practice for a few years until 1978. Then a terrible thing happened: while asleep on a boat, my son Dirk was shot, for no reason, by a madman, an Italian prince. This was a terrible shock for me, sudden and unexpected, and I was powerless to react.

Everyday events or conflicts don't usually catch us so "off guard". We generally have a chance to anticipate the normal conflicts that we face in life, but the conflicts we are unable to prepare for and which cause this helplessness and inability to react, create, in essence, a panic shock. We call these biological conflicts.

In 1978 I developed testicular cancer from such a biological conflict, a so-called "loss conflict". Since I had never been seriously ill, I wondered if my condition had anything to do with the death of my son. Three years later, as chief of internal medicine in a gynecology-oncology clinic at Munich University, I had the opportunity to study female patients with cancer and to compare my findings to see if their mechanism was the same as mine; if they too had experienced such a terrible shock.

I found that all of them, without exception, had experienced the same type of biological conflict as I had. They were able to recollect the shock, the resulting sleeplessness, weightloss, cold hands and the beginning of tumor growth. At the

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time, my point of view was very different from all the current medical concepts, and when I presented these discoveries to my colleagues, they gave me an ultimatum: either to deny my findings or leave the clinic immediately.

Question 2 - It sounds like the Middle Ages! How did you react?

I couldn't deny what I believed to be the truth, so of course I left. This unjust dismissal caused me another biological conflict; I lost my self confidence. I vividly recall my frustration and disappointment at being expelled from the clinic for presenting well-researched, incontestable and new scientific knowledge. I had not thought such a thing possible. It was very traumatic and I had a difficult time examining the last two hundred patients. I finished my studies, however, and on the last day, the IRC - the IRON RULE OF CANCER - was born.

Question 3 - Perhaps you can explain in simple terms what the essential criteria of the IRC are?

The IRC is a biological law. It has three criteria. The first is that every cancer or cancer-equivalent ailment develops with a DHS. This is a very severe, highly acute, dramatic and isolating conflict-occurrence shock that registers simultaneously on three levels:

- a) in the psyche
- b) in the brain
- c) on the organ

The DHS is the DIRK HAMER SYNDROME. I called it this because the shock of my son's death caused my testicular cancer. This DHS has since become the main focal point of the German New Medicine.

In every individual case of disease, we have to conscientiously find the DHS with all its variables. We have to think back to the specific occurrence to understand why someone has become afflicted with this biological conflict problem; the reason why it was so traumatic; why there was nobody to discuss it with and why it was a problem. A good doctor has to be able to transpose himself into the soul of an infant, an embryo, an old man, a young girl or even an animal. He must transpose himself into the actual time of the DHS. Only then will he be able to discover the biological conflict and distinguish it from hundreds of other problems.

Question 4 - The IRC has two more criteria?

Yes. The second is that at the time of the DHS it is the conflict-content that determines (a) the HH, which is the specific location in the brain, and (b) the location of the cancer or cancer-equivalent in the body's organs. Each conflict has a very specific content that defines itself at exactly the same moment as the DHS. The product/result of the conflict-content is "associative", which means that it happens unconsciously and will therefore bypass our conscious understanding. For example, a driver involved in an accident whose truck loses all its oil, or a milkman whose truck loses all its milk, are examples of typical "water-related" or "liquid-related" conflicts. The association of the shock from the accident with the liquid causes a water-related biological conflict that registers as a specific ailment - cancer of the kidney.

Question 5 - That means then that every conflict-content or event relates to a well-defined kind of cancer and is registered in a specific area of the brain?

Yes, a very specific relay in the brain. In the case of the kidney cancer caused by a water or liquid related occurrence, a short circuit occurs at the moment of the DHS in a pre-determined place in the brain, causing a problem in the right or left kidney, as the case may be.

This short-circuit, which shows up as a lesion on the brain, can be photographed with a computed-tomography (CT) and looks like the concentric rings on a target, or like a picture of a surface of water into which a stone has been dropped.

Radiologists mistake these rings as a defect in the equipment. This relay in the brain is called the HH. This name, by the way, comes from my opponents who mockingly called these areas the 'Hamersche Herd' - Hamer's comical seats.

Question 6 - And what is the third criterion of the IRC?

The third criterion is that the conflict course corresponds with a specific course of the HH in the brain and a very specific course of cancer or cancer equivalent disease in the organ.

In other words, this biological conflict strikes on three levels simultaneously: the psyche, the brain and the organ. It is now obvious and proven that the course of the conflict is synchronized on all three levels.

The point is that it is a pre-determined system in the strongest scientific sense because, if you know the exact location of any one of the levels, the other two can be found and unlocked. This means we have an organism that we can think of in three levels, but it is actually one unit.

The following story will illustrate this point: after a lecture I gave in Vienna in May 1991, a doctor handed me a brain computed-tomogram of a patient and asked me to disclose the person's organic state and to which conflict it belonged. There were twenty colleagues present, including some radiologists and CT specialists. Of the three levels, I had only the brain level in front of me. From these brain CT scans I was able to diagnose a fresh bleeding bladder carcinoma in the healing phase, an old prostate carcinoma, diabetes, an old lung carcinoma and a sensoric paralysis of a specific area in the body and, of course, the corresponding conflicts. The doctor stood up and congratulated me. "Five diagnoses and five hits. That's exactly what the patient has, and you were even able to differentiate what he has now and what he had before. Fantastic!" One of the radiologists told me "I'm convinced of your method. How could you have guessed the fresh bleeding bladder carcinoma? I could find nothing in the CT scan but now that you have shown us the relay, I can follow the findings."

Question 7 - Perhaps we could talk for a moment about the psychic level. How would I know that I have had a shock from which a cancer might result? How would I recognize it?

There are very specific signs which clearly distinguish the ordinary conflicts and problems in our daily lives. From the very first moment of a DHS, you would experience continuous stress on the sympathetic nervous system. The symptoms would include cold hands and/or feet, loss of appetite, weight loss, sleeplessness and dwelling day and night on the conflict content. This situation will only change when the conflict has been resolved. In contrast to normal everyday problems, we see the patient falling into a lasting stress phase that will cause specific symptoms and a growing cancer. The HH in the brain, which is immediately visible, shows that the patient's psyche has very precise, defined symptoms that cannot be overlooked.

Question 8 - What happens then, when such a biological conflict has been solved?

When a biological conflict has been solved we can see very clear symptoms, on the psychic level, the brain level and on the organ level. On the psychic and vegetative level, we see that the patient is no longer dwelling on the conflict content. Hands suddenly get warm again, appetite improves, weight normalizes and the patient sleeps better. There may also be fatigue and weakness and a need to rest. This is in no way the beginning of the end, but it's a very positive sign. This healing phase varies in duration, depending on the duration of the prior conflict. At the height of the healing phase, when the body retains a lot of water, we see the epileptic or epileptoid crisis, which shows a different symptom for every disease.

After the epileptic-epileptoid crisis, the body expels water from the edema (infiltration of tissues with water) and slowly returns to normality and the patient feels his strength returning. On the brain level we see the parallel development - where the HH in the conflict active phase showed a target ring configuration, during the healing phase it shows an edema. We can see on the CT scan how the rings of the HH darken and blur as the whole relay swells at this point in time. This epileptic or epileptoid crisis, triggered by the brain, marks the high point of the edema and, respectively, the turning point to normality. In the second half of the healing phase, the brain's harmless connective tissue, the glia, fills the HH to repair it. This really harmless connective tissue, which we can colour white on the CT scan with an iodine contrast substance, was previously mistaken as a brain tumor and operated on. Since the brain cells themselves CANNOT multiply after birth, REAL brain tumors cannot exist.

On the organ level we see that the cancer growth stops. This means that the biological conflict has been solved - we call this "conflictolysis". This is a very important perception that charts the therapy ahead. On the organ level we see very distinct healing improvements which we will discuss later. Even the epileptic crisis appears on the corresponding two levels as well as on the organ level (psyche, brain and organ).

Question 9 - Can you describe such an epileptic crisis?

The epileptic crisis is something Mother Nature devised a billion years ago. It runs on all three levels at the same time. It happens at the height of the healing phase, its purpose being to normalize again. What we usually call an epileptic cramp-spasm with muscle cramps is only one form of the epileptic crisis, namely, after resolving a motoric conflict.

Epileptoid crises occur in every disease but with some variations in each. Mother Nature created quite a trick for this meaningful event. In the middle of the healing phase, the patient experiences a recurrence of the physiological conflict, which means the patient experiences his/her conflict for a short time (stress phase) all over again including cold hands, centralized cold sweat and all the symptoms of the conflict active phase. This happens so that the brain edema gets suppressed and the fluid eliminated from it and the patient can return to normal.

After the epileptic crisis, the patient will warm up and then experience the first small urinary phase. From this epileptic crisis on, the patient is on the road to normality. In other words, if the patient can get past this crisis, a further complicated or serious crisis is unlikely. The second urinary phase occurs at the end of the healing phase when the body eliminates a mass of urine which is the rest of the edema. The danger point lies just before the end of the epileptic-epileptoid crisis when it will become evident whether or not the epileptic crisis was enough to steer the regulator or controller (in the brain) around. The best-known epileptic crisis is the heart infarct. The epileptoid crisis is a lung embolism, hepatitis crisis or pneumonia crisis.

To assist the body in making the necessary changes, especially in conflicts of long duration, a strong cortisone injection is sometimes necessary. In very difficult cases, the cortisone may be given sooner.

Question 10 - Could you describe some typical conflicts and explain why you call them "biological conflicts"?

The reason we call them biological conflicts is because historical evolution has to be understood and an analogy found, as the conflicts run analogously in humans and animals. Biological conflicts have nothing to do with our intellectual or psychological conflicts or problems. They are of a fundamentally different quality. They are, by nature, quasi-implanted trouble-events in the archaic behaviour program of our brain. You think that you think. In reality, the conflict has already associatively hit a fraction of a second before you even began to think. For example, when a wolf preys on a young lamb, the lamb's mother will suffer a mother-child conflict just as a human mother would. She will get teat cancer on the same side as a human mother would get breast cancer. The side depends on whether the human is left or right-handed or, in the case of an animal, left or right-footed.

The HH for the mother-child "nest territory" conflict will be in the same place in the mother's brain as the relay for the mother-child "relationship". The HH for the child-mother conflict, especially the suck-behaviour conflict, will also be in the same place in the infant's brain as the relay for the child-mother child relationship. All our biological conflicts can be categorized according to this historical evolution. When the special behaviour was programmed throughout our historical evolution, not only the organs and brain areas belonged together but even the conflicts became related. All these psyche-related trouble events lie historically and organically very close together in our brain. They even have the same histological (organic tissues) cell formation. We can see such wonderful order in nature once we learn to look at our organism from its historical evolution.

Question 11 - Could you give a few examples from daily life?

Suppose a mother is standing on the sidewalk holding her child by the hand, and chatting with her neighbour. The child pulls away and runs onto the street. The screech of brakes is heard as the child is hit by a car. The mother has no warning and is caught totally off guard. She freezes from the shock. The child is taken to the hospital and is in critical condition for days. The mother gets ice cold hands, cannot sleep or eat and experiences constant stress from which a knot begins to grow in her left breast, if she is right handed. She suffers a typical mother-child conflict, with a target formation in the right cerebellum. From the moment the child returns home and the doctor says "We were lucky, the child is well again" the mother's hands will warm up and the conflict-solving phase will start; she will sleep better and regain her appetite. This is a typical conflict with the same consequences in humans and animals.

Another example: a woman catches her husband in bed with her best girlfriend. She will suffer a sexual-frustration conflict. In biological language, the conflict being copulation, it will cause a carcinoma in the uterus of a right handed woman. Not everyone would necessarily get such a conflict in the same situation. For instance, if the woman didn't love her husband and was contemplating divorcing him, she would not feel this shock as a sexual conflict but rather as a human conflict because of the lack of togetherness in the family. The conflict would then be a partner-conflict that would cause breast cancer in the right breast if the woman was right-handed. What appears to be the same event will have a different psychological significance for every individual.

The decisive issue is not what happened but how the patient felt the experience in the psychic moment of the DHS. This same event could also be a fear-revolt conflict, bringing on hypoglycemia (abnormally low blood sugar), if the woman caught her husband in a very ugly situation, perhaps with a prostitute. Or it could bring on a feeling of self-worthlessness with or without a sexual conflict, if the woman caught her husband with a girl twenty years younger than her. Her feeling then might be "I can't compete" or "I can't offer him what she can." In such a case, it would be the skeleton, the pubic bone of the pelvis, that would be stricken, where one would see osteolysis (calcium deficiency) as a sign of feelings of sexual self-worthlessness.

You have to know all this to find out what the patient thought at the time of the DHS because it is in that instant that the path is laid on which the course of the disease will continue. This path paints a very significant picture because all eventual setbacks and residual problems will be contingent on this one-time event. We can even talk here about a conflict allergy.

Question 12 - Dr. Hamer, can one already treat a patient with the IRC?

In principle, yes, but the IRC is only the first law of the biological process of the German New Medicine. Altogether, we have five biological processes which I have found empirically, which means they are now observable in up to 15,000 collected and documented cases. If one works conscientiously, one should examine all five biological processes.

Question 13 - Let us follow the sequence. What is the second law of the biological process that you found?

The second biological law of the German New Medicine is the fact that every disease has two phases.

Question 14 - All diseases? Not only cancer?

Yes, all diseases have two phases - "cold" and "hot". In the past, doctors saw about 1,000 diseases but were unaware of these two phases. 500 would have been "cold" diseases when the blood vessels contract, causing pallor and weight loss. The other 500 would have been "hot" diseases with fever, dilated blood vessels, great tiredness and a good appetite. All these avoidable diseases were thought of as separate diseases. We now know that this was incorrect. According to our present knowledge, only 500 diseases have two phases. The first is always the "cold" conflict active phase with the stress on the sympathetic nervous system, and the second, if the conflict can be solved, is always the "hot" recovery-healing phase. Of course, the HH for these two phases lies in the same place in the brain, so you can consider them as the same HH. In the conflict active phase, the CT scan shows a sharp ring target and, in the healing phase, the rings dissolve in the edema.

From this example, we see that this biological law is important not only for cancer but for all medicine. Even an old hart (a deer's mate) which has been driven out of his territory by a young hart will be in lasting stress, enduring a biological conflict - namely, a territorial conflict, with an HH over the right ear in the brain. The hart will charge the younger one, wanting to win back his territory. He can't eat or sleep, he loses weight and eventually gets a heart cramp or angina pectoris. Organically speaking, he has an ulcer, which means he has small abscesses in the coronary artery. He charges the younger hart because it is the only way to get the rival out of his territory. After this, he will go into a long-lasting healing (vagotomy) phase. He will get his warm extremities back, will eat again and then be very tired. At the height of the healing phase, he will experience a heart infarct as an epileptoid crisis. If he

survives, he will be able to keep his territory. It is the same in the animal world as with humans. For a man, his territory could be his farm, his own business, the family, his workplace, etc. We have several share-territories; even a car can be a territory.

In humans, a heart infarct will only be noticeable if the conflict has lasted at least three or four months; however, if the conflict has lasted more than a year and the start of the second phase has been overlooked, it is usually fatal. The brain CT scan is a very quick way to diagnose this. One could ask why medicine has not discovered this law of the two phases long ago since it is so obvious. The answer is as easy as it was difficult before. If the conflict does not get solved, the disease stays in the first phase, meaning that the individual stays in the conflict active phase, gradually getting thinner and in the end, dying from enervation or cachexia. The law of the two phases in all diseases applies only where the individual can solve the conflict. Nevertheless, this law applies to every disease and, respectively, to every conflict because, in principle, every conflict can be solved in various ways.

Question 15 - Dr. Hamer, what is the third biological law you found?

It is the ontogenetic system of tumors and cancer equivalents.

Question 16 - What does the technical term "ontogenetic" mean?

Ontogenetic means that all diseases in medicine derive from the historical evolution of man.

Question 17 - How did you discover it?

I discovered the ontogenetic system of tumors and cancer-equivalents after observing about 10,000 cases. I worked absolutely empirically, like a good scientist should. I documented all the collected cases and the CT scans of the brain with their histological findings. Only after I had put them all together and compared them did I see that there was a system. It was breathtaking, particularly since we had never thought it possible.

There were many patients in whom compact tumors grew with cell augmentation in the conflict active phase (or sympathicotony phase) but others grew something in the healing phase (or vagotony phase) after the conflict had been solved (conflictolysis). It just couldn't be the same disease. So there were two sorts of cell augmentations:

- (i) one in the conflict active phase; and
- (ii) the other in the healing phase.

Diseases which have cell-dwindling or cell-shrinkage (holes, necroses or ulcers, also called abscesses) in the active phase - have cell-augmentation in the healing phase. I compared these different findings and always saw the system. The tumors that formed in the conflict active phase cell augmentation always had their relays together in the brain stem and cerebellum. These two brain parts are together called "the old brain".

All cancer diseases, therefore, which build cell-augmentation in the conflict active phase, have their relay in the old brain from where they get their directions. And all so-called tumors, which are really only an overflowing kind of healing symptom built through cell-augmentation during the healing phase, have their relays in the cerebrum.

This systematic connection was discovered in 1987 and called the "ontogenetic system of tumors and cancer-equivalents". With the Iron Rule of Cancer and the law

that there are two phases in all diseases, the very first systematic classification of the German New Medicine was laid out.

'Ontogenesis' means the origin and development of the individual living being. 'Ontogenetic' means relating to the development of the individual being. So the ontogenetic system of tumors means that neither the location of the HH in the brain nor the kind of tumor or necrosis that subsequently develops, happen simply by chance, because everything has been logically predestined in the historical evolution of man.

It is said that ontogeny is a recapitulation of phylogeny (the evolutionary development of an organism or groups of organisms), which means that the development of the different species up to the human is repeated in the embryonic time of the child and during infancy. We know that the three primary cell layers are created in the first weeks of human embryonic development and all the organs derive from these three primary cell layers:

- (i) the inner or endoderm
- (ii) the middle or mesoderm; and
- (iii) the outer or ectoderm

Every cell and every organ in our body can be seen in relation to one of these cell layers. The organs that develop from the inner cell layer have their relay or steering place in the brain stem, the oldest part of the brain. In cancer cases, they produce cell-augmentation with compact tumors of the adeno cell type.

The cells, respectively organs, which develop from the outer cell layer have their relay or steering place in the cerebral cortex of the cerebrum, the youngest part of our brain. In cancer cases they all cause cell dwindling in the form of abscesses or ulcers or they sacrifice a function on the organic level, like diabetes or paralysis. In the middle cell layer, we must differentiate between the older and the younger group. The cells, respectively organs, which belong to the older group of the middle cell layer, have their relays in the cerebellum, which means they still belong to the old brain, and therefore produce a compact tumor of the adenoid cell type in the conflict active phase.

The cells, respectively organs, which belong to the younger group of the middle cell layers, have their steering place in the medullary layer of the cerebrum. They therefore produce necroses or tissue holes, respectively, cell dwindling like holes in bones, the spleen, the kidneys or ovaries, named bone-, spleen-, kidney-osteolysis or ovary necrosis, in the conflict active phase. From this one can see that cancer is not a nonsensical development of wildly growing cells. It is an understandable and even foreseeable occurrence which adheres precisely to the ontogenetic system.

Question 18 - Not all growths are the same. Perhaps you could clarify and explain the differences in growths in specific diseases?

Yes, that's exactly why, until now, one couldn't detect a system in cancer formation. The present school of medicine, which I now call the "medicine of pupils", has a classification with no systematic connection. People say there is cancer when cells produce an overflowing growth but, as we can now see, cells can build different overflowing growth in different phases, as in the conflict phase and the healing phase.

For instance, a patient has an indigestion-conflict, as if he has half swallowed a big chunk but can't digest it. Let's say he bought a house and suddenly found that the sale contract was not valid, he had been taken in and he lost the house. From this shock he could develop a cell-augmentation in the stomach called adeno carcinoma which is a cauliflower-like growth in the stomach. This carcinoma happens in the

conflict active phase with the HH on the right side of the brain stem, the oldest part of the brain, in the so-called "pons".

Another example: a patient suffers a conflict with water, liquid or an equivalent; while swimming in the ocean, the young patient loses his strength, is close to drowning but is saved at the last minute. For months he dreams about drowning and can't go close to water. He suffers from kidney cancer (parenchyma necrosis) and develops cell decay (necrosis) in the kidney tissue (parenchyma), until the kidney can no longer function. Years later, the patient goes on holiday with his family to the ocean. As his daughter loves the water, he joins her; with this action he solves his conflict. In the healing phase, a big kidney cyst grows, a cell augmentation. This cyst gets hard (indurates) from a kind of connective tissue that helps the kidney in its task of urination. And so we arrive at the original reason for the tumor. These cancers or tumors are by no means senseless; on the contrary, they are something rather useful.

As in our example, when a big chunk is swallowed but cannot be digested, the organism produces a big tumor. This is not senseless because the digestive cells and intestinal cells produce a lot of digestive juice in order to make the chunk more digestible.

This same intelligence can be seen with the kidney cyst which built a big new kidney to urinate again. This is the reason for the different cell growth tumors which we couldn't distinguish before.

We can now precisely differentiate between them and distinguish them in the brain according to the histological formation and conflicts. All these connections are summarized in this ontogenetic system of tumors and cancer equivalents.

Every disease we know in medicine runs along these five biological laws. They can be examined and reproduced after this ontogenetic system of tumors and cancer equivalents.

The phenomena in the psyche and in the brain are equal during the same phase, but on the organic level they differ. Here we see the old brain steering organs which build cell-augmentation in the conflict active phase, while the cerebrum steers the organs to form holes, necroses and ulcers in the conflict active phase. In the healing phase they act in reverse. In the healing phase the old brain steers organs to break down tumors with the help of special microbes, while the cerebrum is steering organs to fill the holes, necroses and ulcers with the help of viruses and bacteria, by swelling.

Question 19 - I suppose we now come to the fourth law?

Yes, the ontogenetic system of microbes.

Question 20 - Dr. Hamer, what role do microbes play in your system? One hears in this connection a lot about the immune system.

Up until now, we had thought that microbes caused infections. This view seemed correct as microbes are found in every infection. In reality, it is not true. The whole immune system is only a 'fata morgana', built on hypothesis.

In avoidable diseases we also forgot or overlooked the first phase, the conflict active phase. Only after the conflict is solved do the microbes become active. Indeed, they are directed and activated by the brain. They are NOT our enemies; they help us and work on the ordering of our organism. Since they are directed from the brain, they help break down cancer tumors after their task is fulfilled, or build up the holes, necroses and tissue damage from the other cerebrum groups. They are our faithful

helpers, our guest workers! The concept of the immune system, the army that fights against the bad microbes, is simply wrong.

Question 21 - This connection brings lung tuberculosis to mind. How could all those people, fifty years ago, who had to stay in sanatoriums, heal their lung TBC?

If we leave the rib cage TBC to one side and concentrate on the real lung TBC, then we can say that lung TB was always the healing phase after an advanced pulmonary cancer. This pulmonary cancer was always a death-fear conflict and always directed from our brain stem. The tumor grows in the conflict active phase, but reduces in the healing phase through the tubercular fungi bacteria, if some of these bacteria are present. They will then be coughed out, often with blood sputum called expectoration, which is what frightened people and brought on a new death-fear. One can recognize it was a vicious circle.

In animals it functions true to the pattern; the lung tumors are coughed out and what is left are the cavities which allow better breathing than before; but if the tubercular fungi bacteria are missing, then the round lesions in the lungs will remain.

Today, after all these decades, we still find some of the old pulmonary lesions although they are inactive since they can no longer grow. In former days we saw the cavities, empty tuberculomen, because there were tubercular fungi bacteria everywhere.

Question 22 - Can you tell us something of the 5th Biological Law?

The 5th Biological Natural Law is truly the quintessence of the previous four Laws. This quintessence contains not only the previous strictly scientific laws, but also opens a new dimension. It is, as it were, the soul of the German New Medicine. To take yet another step; in one stride, this 5th Natural Law allows us to connect the scientific facts with that which we have previously thought to be something transcendental, supernatural, parapsychological, or explainable only by religion, something which we feel and experience, but for which there has been no room in scientific thinking models. This law gives us an understandable connection to the universe that surrounds us and of which we are part.

In essence, every disease should be understood as an evolutionary meaningful biological program of nature. In other words, every disease presents a specific program that solves an exceptional, unanticipated biological conflict. It is a new way of looking at disease as a significant biological program of nature interpreted through the evolution of species.

We can now see and comprehend for the first time not only that there is a natural order, but that each individual process in nature has significance with respect to everything that exists.

Question 23 - Dr. Hamer, perhaps we could come to the practical therapy of the conflicts. Is conversation therapy your first step.

Not really. We don't need conversation therapy as it is used in psychotherapy, but we must of course talk about the problem. Let's look at the animal kingdom again. An animal can only survive by real conflict resolution. The hart will only be able to survive if he regains his territory. The animal mother robbed of her cub can only survive if she gets her cub back. Mother Nature has a built-in remedy so that the mother quickly gets a new offspring and solves her conflict.

We should solve our conflicts as practically and as realistically as the animals. A man whose wife has left him either needs to get his wife back or get another woman. The hart needs his territory back or another territory. A permanent solution is the best solution.

If this cannot be done, we try talk therapy as a second possibility. The traditional therapy used up until now has been "Take some tranquillizers to calm you down".

Mother Nature has not created this stress phase without purpose, since it is only because of the stress that the individual will be able to solve his or her conflict. This stress must be activated to allow the patient the possibility to solve their conflict. If you were to give tranquillizers to the hart, he would be unable to fight and regain his territory; instead, he would be paralysed from fighting off any intruder.

One can see in psychiatry how patients who have been given tranquillizers often become chronically ill. Their natural ability to solve their conflicts has been taken from them with the consequence that some of them have to live the rest of their lives in psychiatric wards.

Question 24 - Dr. Hamer, how can one work therapeutically with the five biological laws that you discovered?

We have to imagine that a patient has three levels: the psyche, the brain and the organ which, together, form the organism. The new therapy should be thought of in terms of these three levels or as extensions of them.

First of all, it is necessary to find the DHS (conflict shock) and the conflict content, if possible, on all three levels, and this has to be done very conscientiously and carefully. Consideration has to be given as to whether the patient is right or left-handed to establish on which of the two cerebral hemispheres the patient works. We have to establish the hormonal situation: is a female patient sexually mature or is she pregnant? Is she taking birth control pills (which cause blocking of the hormone production in the ovaries), or is she in menopause? The same is true for a man: through hormonal changes, the brain side on which the patient works changes. So, a woman who takes the pill will react in a masculine fashion, with male characteristics; a woman taking birth control pills will get a territorial conflict when her husband walks out on her, walks out of her territory.

We don't look for the conflict on the level of the psyche only; one has to localize it exactly in the brain according to the conflict phase in which we are at the moment of the anamnesis (the patient's account of his past history) and examination. The HH in the brain has to correspond exactly with the cancer disease of the organ. Each specific localization in the brain belongs to a very specific organ in the body or vice versa. The conflict must be solved starting at the psychic level, as the real problem is the basis of the conflict.

The mother's child who had an accident must get healthy again. A man who had a territorial conflict because he lost his job must either find another job or territory, retire, join a club or devote his time to a hobby. There are many possible solutions for every conflict. In nature, the solutions are built-in. For example, when the sheep was robbed of her lamb, she solved her conflict by bearing another lamb. In humans too, pregnancy has absolute precedence from the third month on - no cancer can continue to grow as pregnancy has absolute priority.

We experience most complications on the brain level when the edema develops as a sign of healing. The patient's brain pressure has to be watched so that he or she does not fall into a coma. In light cases, during this phase, coffee, tea, dextropur, vitamin C, Coca Cola or an ice pack can be of some help. In more difficult cases, cortisone (in the compatible retard form) is the choice we make today. Cortisone

does not cure cancer; it is used only as a symptomatic drug against the brain and organic edemas in the healing phase, like for bone pain which happens through bone skin swelling. In difficult cases, patients should take little fluid, keep their heads up and avoid direct sunlight. In the case of a side edema, one should not lie on that side.

On the organic level, what doctors saw as a tumor was always cut out, whether in the conflict active phase or in the healing phase. On this level we now have a new perspective for the future. If the conflict has been solved, it will become an exception rather than the rule to operate or radiate and then only if the growth bothers the patient mechanically, for example, with a big kidney cyst or a big spleen enlargement which has developed after a spleen necrosis in the healing phase. (The spleen necrosis was the organic substratum of a bleeding and injury conflict with reduced thrombocytes (blood platelets) in the conflict active phase.)

This means we have to shuffle the cards again. With our knowledge of the German New Medicine we have to consider: what must still be done, what is meaningful and what should not be done any more. If a patient today has the choice of whether he or she would like to have an intestinal tumor operated on, when the patient knows that the conflict has been solved and the tumor will more than likely never grow again, he or she will say, in 99.9 per cent of the cases, "Doctor, if it doesn't irritate me in the next thirty or forty years, I'll take that chance; leave it where it is."

Question 25 - Dr. Hamer, could you explain why the IRC is called an 'Iron' Law?

It is called 'iron' because it is a biological law. The fact that a child must always have a father and a mother is an example of a biological law; there must always be two participants to bring about a child. In the German New Medicine there are five biological laws:

- the IRC (Iron Rule of Cancer)
- the two phases of all diseases
- the ontogenetic system of tumors and cancer-equivalent diseases
- the ontogenetic-dependent system of microbes
- understanding every so-called disease which follows the law (understood ontogenetically and phylogenetically) of a unique program in nature and is at the same time full of significance.
- psyche programs. When a conflict is solved, a certain program becomes activated and the therapy follows automatically; but if a patient is unable to resolve the conflict, according to these biological laws, the program will not proceed and the individual will die. This strict law is the reason it is called "The Iron Rule of Cancer".

Question 26 - Dr. Hamer, what is the time factor that can be expected, especially with regard to the complications that can be expected in the healing phase?

The patient will naturally ask the doctor how long it will take for his/her disease to heal. If one works carefully and finds the DHS as well as the time it took before the conflict was solved, then it is possible to calculate how long the conflict lasted. With a good anamnesis, one can also find out how strong the intensity of the conflict content was. From this duration time and the intensity, it is possible to estimate the conflict mass.

Epileptic or epileptoid crisis within the healing phase. One has to know these complications as they can sometimes lead to death. However, we can save those lives by preparing ourselves to counteract some of the complications during the healing phase with medication, especially cortisone.

The most important factor in all this is that the patient knows the complications and has complete confidence that the doctor understands the whole process of the disease, because only then will he or she have a completely different and relaxed attitude towards the disease. The doctor will be aware of the conflict active phase and the conflictolysis phase and will be able to direct the course of therapy in a meaningful way depending on the situation or circumstance. Because of this, great trust will be built between the patient and the doctor.

A patient is less likely to panic when told by a doctor that he/she has purulent angina. What is purulent angina? It is the healing phase after a tonsil adenocarcinoma. Doctors have increased the practice of taking samples from a patient's tonsils. The doctor then tells the patient that he/she has a tonsil carcinoma, which is true, but the likely result will be the patient going into a total panic. This panic can be responsible for a new conflict shock - for example, cancer-fear-panic or mortal-death-panic - triggering a new cancer which, on the face of it, will confirm the doctor's first diagnosis.

Question 27 - Dr. Hamer, are you saying that metastasis does not exist?

Absolutely! What the ignorant doctor sees is a new cancer and from his diagnosis and prognosis gives the patient a new conflict shock. The fairy tale of the metastasis is a fairy tale of unknown and unproven hypothesis. No cancer scientist has ever seen cancer cells in the arterial blood of a cancer patient, which is where one would find them if they were to swim in the peripheral parts of the body.

Question 28 - Dr. Hamer, what role is played by carcinogenic substances, and can healthy nutrition prevent or hinder cancer?

Carcinogenic substances do not exist! Scientists have experimented on so many animals and never found anything that caused cancer. There was an idiotic experiment conducted with rats when, for a whole year, the rats had concentrated formaldehyde sprayed into their noses, a substance they would normally avoid. These poor animals got mucous membrane cancer in their noses. They did not get it from the formaldehyde but because they couldn't stand the formaldehyde so they ended up with a DHS - a biological conflict of NOT-WANTING-TO-SMELL the substance!

Question 29 - What is the danger of radioactive radiation?

The radioactive radiation caused by the accident in Chernobyl will indiscriminately destroy body cells, particularly the primitive cells and the bone marrow cells because they naturally have the greatest dividing rate. If the bone marrow, where the blood is made, gets damaged, and the body manages to heal, then we see leukemia which, in principle, is the same as the leukemia in the healing phase after bone cancer. The DHS for bone cancer is "I am worthless". To be rigorous, one must say that the blood symptoms of leukemia are unspecific, not only in cancer, but in every healing of the bone marrow. The fact that hardly a single patient has survived leukemia is caused by the ignorance of doctors who are administering chemotherapy and/or radiation therapy until the existing bone marrow is exhausted. It is exactly the opposite of what is needed. In short, radiation is bad; it kills cells, but it does not create cancer as cancer can only start from the brain.

Question 30 - What about healthy nutrition?

The idea that health food can prevent cancer is also nonsense. A healthy and well-nourished individual, human or animal, will naturally be less subject to all kinds of conflicts, as are the rich, who are ten times less likely to get cancer than the poor because they can solve so many conflicts with a cheque book.

Question 31 - Dr. Hamer, what is the significance of pain in the German New Medicine? At present, it is taken as a negative sign.

Yes, pain is an especially difficult problem. We have different pain groups: pain in the conflict active phase, like in angina pectoris or a stomach ulcer, and pain in the healing phase which is caused through swelling, edema or scar tissue formation. The pain in the conflict active phase of the angina pectoris disappears the moment the conflict is solved. This pain can be solved on the psychic level.

Of course they know. But it is more convenient to take the dogmatic point of view that pain is the beginning of the end and that there is nothing else to do but shorten the suffering right away. The body's own natural healing is simply ignored, so cancer remains a deadly disease for the ignorant patient who can be manipulated.

Question 32 - How would you summarize the importance of the German New Medicine; what is its essence?

The German New Medicine is a complete reversal of the present 'hypothetical medicine'. That medicine needs 500 to 1,000 hypotheses and some 1,000 extra hypotheses because, with their collection of facts, they know nothing other than working statistically.

Question 33 - Dr. Hamer, what is the meaning of the title 'Legacy of a German New Medicine'?

I believe that the knowledge of the German New Medicine is the legacy of my dead son, Dirk. Through his death I myself became ill with cancer. With an honest heart, I have the authority of this legacy to pass on to all those stricken with disease so that they, with the help of the German New Medicine, can understand their disease, overcome it and recover their health.

Glossary of Terms

Anamnesia: Recollection of the past

Brain stem: The oldest brain

Cachexia: Ill health or death induced through prognosis, medication, overdose, radiation and/or chemotherapy

Carcinoma: A cancer (in traditional medical terms)

Cerebellum: The old brain

Cerebrum: The new brain divided into two hemispheres - a right handed patient .. right brain side is the male side and left brain side is the female side. In a left-handed patient it is reversed

Conflict active phase: "Active phase" - from the old brain, it is tissue growth; from the new brain, it is tissue breakdown. This is reversed in the healing phase

Conflictolysis: Resolution of conflict

CT Scan: Computed Tomography of the brain

DHS: Dirk Hamer Syndrome - conflict shock - the conflict content determines the HH in the brain and the location of cancer on the organ

Edema: Infiltration of tissue with fluid; sign of restitution/ healing phase

Enervation: Deprivation of nerve force or vigour

Fata Morgana: Mirage - anything that appears to be real but is not

Healing Phase: "Hot" healing phase only after a conflict has been solved (cancer stops)
HH: HAMERschenHerd - HH in the brain is the relay area from the brain to the organ location
Histology: Study of tissues
IRC: Iron Rule of Cancer
Sympathicotonia: Active disease phase
Vagotonia: Healing phase